

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	6		1			
2		1				
3	2			1		
4	8					
5	0					
6	0					
7	0					
8	0	1				
9	2			1		
10	0					
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		7				
TOTAL CLAIMS		0				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.				1		
TOTAL DEP.		7				
TOTAL CLAIMS		0				